



# MUCFC Grant Final Report

<http://www.dnr.state.md.us/forests/programs/urban/mcfc.asp> / 410-531-5973

## 1. Grantee Information

Organization Name:

Project Leader:

Name of Project:

Grant Period:

County:

## 2. Summary of the Project

*Summarize the implementation of the project and describe how you achieved your project goals. Please be sure to address the components funded under MUCFC grant funds. Describe any public involvement in the project that has occurred, including the specific roles of volunteers in project activities. Include a description of any community planting events. Also, describe any outreach or educational activities (e.g. training, brochures, press releases, or public events) related to the project that has occurred. You may attach photos, digital images, newsletter articles, or press clippings to supplement your written description.*

## 3. Monitoring and Maintenance

*Describe any monitoring and maintenance specific to your tree planting program that will take place after your project is complete.*

## 4. Accounting of Expenditures

*List the accounting of expenditures in an itemized budget, showing that awarded funds were spent as intended in the grant request as approved by MUCFC. Include match information. Attach receipts (or copies thereof). Below is an example of the format to follow:*

Expenditure	Total Cost	MUCFC Award Funds	Cash Match	In-kind Match	Source of Match
<b>Totals</b>					

Is a refund due to MUCFC?

If yes, make refund check payable to **MARYLAND FORESTRY FOUNDATION**

Click here to enter text. Please provide the following information to help MUCFC track the impact of its grants. *Provide only the information that applies to your grant proposal. An estimate is sufficient for the purposes of the report.*

<b>Project Participants</b>	
Number of volunteers	
Names of volunteer groups:	
Number of hours volunteered per person:	
<b>Project Outcomes</b>	
Number of trees planted (list by species):	
Number of shrubs planted (list by species):	
Number of publications produced and distributed:	
Are you a PLANT participant? (Y/N)	
If no, have you submitted your application for a PLANT community? (Y/N)	
Project completion date:	

*MUCFC welcomes any additional information that you would like to include.*

**Report Prepared By:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For more information, visit <http://www.dnr.state.md.us/forests/programs/urban/mcfc.asp> or call Grants Program Chair, Wanda MacLachlan at 410-531-5973*